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Request For Continued Examination (RCE) Transmittal

Address to:
MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|------------------------|
| Application Number | 10/609,322 |
| Filing Date | June 26, 2003 |
| First Named Inventor | Narayanan Sundararajan |
| Art Unit | 1732 |
| Examiner Name | Leo B. Tentoni |
| Attorney Docket Number | 07070 Intel 1360 |

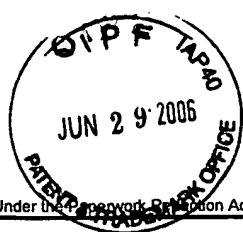
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - ii. Other Amendment filed on May 15, 2006
 - b. Enclosed

| | |
|--|--|
| i. <input type="checkbox"/> Amendment/Reply | iii. <input type="checkbox"/> Information Disclosure Statement (IDS) |
| ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) | iv. <input type="checkbox"/> Other _____ |
2. **Miscellaneous**
 - a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
 - b. Other _____
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
 - a. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 03-1952. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
 - i. RCE fee required under 37 CFR 1.17(e)
 - ii. Extension of time fee (37 CFR 1.136 and 1.17)
 - iii. Other _____
 - b. Check in the amount of \$ _____ enclosed
 - c. Payment by credit card (Form PTO-2038 enclosed)

| | | |
|--|---|---|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | 06/29/2006 10:01 AM 08888855 031952 0639322 |
| Signature |  | Date <u>June 29, 2006</u> |
| Name (Print/Type) | Raj S. Dave | Registration No. <u>42,465</u> |



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 790.00)

| Complete if Known | |
|--------------------------|------------------------|
| Application Number | 10/609,322 |
| Filing Date | June 26, 2003 |
| First Named Inventor | Narayanan Sundararajan |
| Examiner Name | Leo B. Tentoni |
| Art Unit | 1732 |
| Attorney Docket No. | 07070 Intel 1360 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity Fee (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|------------------------------|
|---------------------|---------------------|-----------------|----------------------|------------------------------|

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
|---------------------|---------------------|-----------------|----------------------|----------------------------------|

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
|---------------------|---------------------|---|-----------------|----------------------|

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
|---------------------|---------------------|---|-----------------|----------------------|

- 100 = /50 (round up to a whole number) x = Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 790.00)

SUBMITTED BY

| | | | | | |
|-------------------|--------------|--------------------------------------|--------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 42,465 | Telephone | (703) 760-7755 |
| Name (Print/Type) | Raj S. Dave' | | | Date | June 29, 2006 |